



City of Burbank
License and Code Services Division
150 North Third Street / 818-238-5280 / www.burbankusa.com

Mail and Make Checks Payable to:
City of Burbank
License and Code Services Division
P.O. Box 6459
Burbank, CA 91510-6459

BUSINESS APPLICATION

PLEASE PRINT ALL INFORMATION

Reason for Application

- | | | |
|--|---|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Change in Type of Business |
| <input type="checkbox"/> Business Moving to New Location | <input type="checkbox"/> Add or Drop Business Partner | <input type="checkbox"/> Change in Type of Ownership |

Date of Application:

(Office Use Only) Account Number:

Business Name:

Business Address:

Mailing Address (if different):

Corporate Name:

Business Phone: ()

Email / Web Address:

Business FAX: ()

Contact Person Name:

Contact Person Phone: ()

Detailed Description of Business (attach additional sheets if needed)

Approx. Starting Date of
Business in Burbank:

Business Hours:

Number of
Employees:

Type of Ownership: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Ownership ☐ Trust ☐ Other: _____

Social Security No.:

Federal Employer ID No.:

Owners, Partners or Corporate Officers (attach additional sheets if needed)

Name:

Title:

Home Address:

Phone: ()

Driver License No.:

Email:

Name:

Title:

Home Address:

Phone: ()

Driver License No.:

Email:

Name:

Title:

Home Address:

Phone: ()

Driver License No.:

Email:

REVERSE SIDE OF APPLICATION MUST BE COMPLETED

Will any physical changes be made to the building for this business (remodel, addition, etc.)? ☐ Yes ☐ No
If yes, please explain:

Area occupied in gross square feet:

Total number of on-site parking spaces:

Parking spaces dedicated to this business:

Parking spaces shared with other businesses:

Previous business at this location (if known) _____

If vacant, how long has this location space been vacant? (if known) _____

Are there any other businesses located on the property? ☐ Yes ☐ No

If yes, please list:

For zoning purposes, what type of business are you applying for? Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Assembly/Manufacturing | <input type="checkbox"/> Office with Few or No On-Site Customers |
| <input type="checkbox"/> Auto Related (sales, repair, detailing, etc.) | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Medical/Dental Office | <input type="checkbox"/> Services, Personal or Business |
| <input type="checkbox"/> Media Post-Production/Editing | <input type="checkbox"/> Warehouse/Storage |
| <input type="checkbox"/> Media Production/Studio | <input type="checkbox"/> Wholesale Sales |
| <input type="checkbox"/> Office with On-site Customers | <input type="checkbox"/> Other _____ |

Will the business use any machines or equipment other than typical office equipment? ☐ Yes ☐ No

If yes, explain:

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant's Printed Name _____ **Title** _____

Applicant Signature _____ **Date** _____

Office Use Only

LICENSE FEE	\$ _____	DATE PAID	_____	BASIC TAX	\$ _____
PRO-RATE	\$ _____	CLASS CODE	_____	EMPLOYEE RATE FEE	
PERMIT FEE	\$ _____	BUSINESS ACCT NO.	_____	_____ X \$ _____ = \$ _____	
APPLICATION FEE	\$ _____	ZONE	_____	TOTAL TAX	\$ _____
ADJUSTMENT AMT	\$ _____	NO. OF PERSONS/DOGS/VEHICLES	_____	PRO-RATE	\$ _____
TOTAL DUE	\$ _____	LICENSE ISSUED DATE	_____	REG / TRANSFER FEE	\$ _____

<u>APPROVALS</u>	DATE	APPROVED		BY	DATE
		YES	NO		
TO PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO POLICE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO HEALTH	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO LICENSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

LICENSE / CERTIFICATE ISSUED

ADJUSTMENT AMOUNT \$ _____

TOTAL DUE \$ _____

Notes and Comments